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DATE NOTICE SENT TO ALL PARTIES: Nov/06/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 synvisc one injection to the left knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is this reviewer's opinion that medical necessity for 1 synvisc one injection to the left knee has not been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on XX/XX/XX while stepping down from a truck. The patient twisted his left knee causing pain. The patient has had multiple surgical procedures to date to include a left knee diagnostic arthroscopy with medial and lateral meniscectomy completed in November of 2014. It is noted the patient underwent a functional restoration program in August of 2015. The patient continued to see XX following the restoration program. The 09/21/15 evaluation noted the patient still had complaints of grinding and stiffness in the left knee. Medications at this evaluation did include the use of Tramadol and Celebrex on an as needed basis. The patient's physical examination noted diffused joint tenderness present with positive grind testing. There was limited range of motion on flexion to 115 degrees. There was a positive varus and valgus stress sign. Due to the patient's continued symptomatic arthritis, Synvisc injections were recommended. The requested Synvisc injection was denied on 10/14/15 as it was unclear whether intraarticular steroid injections had been trialed.
The request was again denied by utilization review on 10/26/15 as it was still unclear whether the patient had failed a reasonable trial of intraarticular steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient continued to describe left knee complaints despite tertiary level management with a functional restoration program. The patient's most recent evaluation on 09/21/15 continued to note stiffness on left knee range of motion with associated crepitus and tenderness to palpation. These symptoms have persisted despite continuing use of anti-inflammatories. The clinical records do not address the prior reviewer's concerns. There is no indication the patient has failed a reasonable trial of intraarticular steroid injections as recommended by guidelines. As such, the proposed Synvisc injections would not be supported as medically necessary by guidelines. Therefore, it is this reviewer's opinion that medical necessity for 1 synvisc one injection to the left knee has not been established and the prior denials remain upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)